

STATE ATHLETIC COMMISSION OF NEVADA

INFORMATION SHEET

TO: THE STATE ATHLETIC COMMISSION OF NEVADA

(PLEASE PRINT)

DATE_____

Social Security No._____

Full Name: Last_____First_____Middle_____

Ring Name_____

Address_____Apt. No._____

City_____State_____Zip Code_____

Telephone (Please include area code)_____

Weight_____Height_____Hair_____Eyes_____Date of Birth_____Age_____

Place of Birth_____Citizen of_____

Name of Manager_____

Have you ever been disqualified in any contest or disciplined by the State Athletic Commission of Nevada or by any other Athletic Commission for any cause whatsoever? Yes_____No_____

If "Yes", give details_____

Have you ever been convicted of a felony or a misdemeanor? Yes_____No_____

If "Yes", give details_____

AMATEUR RECORD:

WINS_____LOSSES_____DRAWS_____

Please give details of your last three (3) fights:

| DATE | PLACE | OPPONENT | RESULT |
|-------|-------|----------|--------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

Nevada State Athletic Commission
555 East Washington Ave. Suite 3200
Las Vegas, NV 89101-1046
Telephone: (702) 486-2575
Fax: (702) 486-2577

Applicant's Signature (Sign Legal Name)